



DHHS Adult Mental Health Enrollment Form

New Enrollment Forms must be submitted within 5 days of being accepted for CSS or PNMI services. These forms must then be submitted yearly within 5 days of the annual diagnostic assessment or change in status (Please see item #32).

Section I: General Information						<input type="radio"/> New to Service	<input type="radio"/> Change of Status	<input type="radio"/> Annual Update
1. Consumer Name:	Consumer First Name		M.I.	Consumer Last Name				
2. Mailing Address	Street or P.O. Box		City / Town		State	Country	Zip code	
3. DOB (mm/dd/yyyy):		__ / __ / ____		4. Phone #:	_____ - _____ - _____			
5. Insurance Information: (check all that apply)	<input type="radio"/> MaineCare (Number) _____			<input type="radio"/> Unknown				
	<input type="radio"/> Medicare (Number) _____			<input type="radio"/> None				
	<input type="radio"/> Private Insurance (Name) _____							
6. Marital Status:	<input type="radio"/> Never Married		<input type="radio"/> Married-Legally Separated		<input type="radio"/> Married-Spouse Present		<input type="radio"/> Unknown	
	<input type="radio"/> Registered Domestic Partnership		<input type="radio"/> Married-Spouse absent		<input type="radio"/> Widow/Widower		<input type="radio"/> Divorced	
7. Children:	Is Consumer parenting any children under the age of 18 in his/her home?			<input type="radio"/> Yes: How many? _____ <input type="radio"/> No <input type="radio"/> Unknown				
8. Education Status:	High School Diploma/GED		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown			
	Education beyond High School/GED		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown			
9. Race: (check all that apply)	<input type="radio"/> American Indian or Alaska Native			<input type="radio"/> Asian				
	<input type="radio"/> Black or African American			<input type="radio"/> Native Hawaiian or other Pacific Islander				
	<input type="radio"/> White			<input type="radio"/> Other Race		<input type="radio"/> Unknown		
10. Ethnicity: (check one) <input type="radio"/> Unknown	<input type="radio"/> Hispanic/Latino-Cuban			<input type="radio"/> Not Hispanic/Latino-Non-Specific				
	<input type="radio"/> Hispanic/Latino-Central American			<input type="radio"/> Not Hispanic/Latino-Franco-American				
	<input type="radio"/> Hispanic/Latino-Mexican/Mexican-American			<input type="radio"/> Not Hispanic/Latino-Maliseet				
	<input type="radio"/> Hispanic/Latino-Puerto Rican			<input type="radio"/> Not Hispanic/Latino-Other Native American				
	<input type="radio"/> Hispanic/Latino-South American			<input type="radio"/> Not Hispanic/Latino-MicMac				
	<input type="radio"/> Hispanic/Latino-Other Hispanic/Latino			<input type="radio"/> Not Hispanic/Latino-Passamaquoddy				
11. Gender:	<input type="radio"/> M	<input type="radio"/> F	12. Social Security # or Alien Registration #		_____ - _____ - _____			

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13. Guardian Name/Org. (if applicable):	Guardian First Name	M.I.	Guardian Last Name		
	Guardian Name/Organization _____			Phone Number ____ - ____ - ____	
Relationship to Consumer <input type="radio"/> Family Member <input type="radio"/> Friend <input type="radio"/> Spouse <input type="radio"/> Agency <input type="radio"/> Other					
14. Guardian Address	Guardian Street or P.O. Box	City / Town	State	Country	Zip code

Section II: Diagnostic Information

	Primary #	Classification Name	Secondary #	Classification Name
15. AXIS I				
16. Substance Abuse/Depen dence Dx:	Primary #	Classification Name	Secondary #	Classification Name
17. AXIS II	Primary #	Classification Name	Secondary #	Classification Name
18. AXIS III (Narrative):	1. _____		2. _____	3. _____
19. AXIS IV (Check all that apply):	<input type="radio"/> Problems related to the Interaction w/Legal System <input type="radio"/> Educational Problems <input type="radio"/> Problems related to the Social Environment <input type="radio"/> Housing Problems <input type="radio"/> Problems with access to Health Care <input type="radio"/> Occupational Problems <input type="radio"/> Problems with Primary Support Group <input type="radio"/> Other Psychosocial and Environmental <input type="radio"/> Economic Problems			
20. AXIS V	(Current GAF Score 0-100): ____			
21. Date most recent Diagnostic Assessment Completed	____/____/_____ (mm/dd/yyyy)	Name _____ Licensure _____		Agency Name if applicable: _____
22. Date LOCUS Completed (Most recent)	____/____/_____ (mm/dd/yyyy)	Name of person conducting LOCUS & Rater ID # Name _____ Rater ID # : _____		Agency Name if applicable: _____
23. LOCUS Composite Score	____ (1-35)	LOCUS Level of Care: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6		
1. Risk of Harm	Score: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5			
2. Functional Status	Score: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5			
3. Co-Morbidity	Score: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5			
4. Environmental Stress	Score: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5			
5. Environmental Support	Score: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5			
6. Treatment and Recovery History	Score: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5			
7. Attitude and Engagement	Score: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5			

Section III: Certification and Specific Eligibility Requirements for CSS

24. A client meets the specific eligibility requirements for covered services under Section 17 if (check all that apply):

- ☐ **A.** The person is a Class Member; (or)
- ☐ **B.** The person is age eighteen (18) or older or is an emancipated minor:

AND

- ☐ **1.** Has a diagnosis on Axis I or Axis II of the multi-axial assessment system of the current version of the "Diagnostic and Statistical Manual of Mental Disorders", other than one of the following diagnoses:
 - a. Delirium, dementia, amnesic, and other cognitive disorders;
 - b. Mental disorders due to a general medical condition, including neurological conditions and brain injuries;
 - c. Substance abuse or dependence;
 - d. Mental retardation;
 - e. Adjustment disorders;
 - f. V-codes; (or)
 - g. Antisocial personality disorders.

AND

- ☐ **2.** Has a score of 50 or below on the Global Assessment of Functioning (GAF) scale as determined by a professional licensed to assign a clinical diagnosis, and

AND

- ☐ **a.** At least one of the following consequences resulting from signs and symptoms of the psychiatric diagnosis:
 - ☐ **i.** has become homeless or at risk of losing his or her current residence (a person is homeless when he or she is without shelter or at serious risk of being without shelter, that is, when he or she lives in housing that is substandard, unaffordable, or life-threatening);
 - ☐ **ii.** is causing repeated disturbances in the community because of poor judgment or bizarre, intrusive, or ineffective behavior;
 - ☐ **iii.** is at great risk of arrest because of behavior which results from his or her psychiatric diagnoses, or is presently incarcerated because of such behavior;
 - ☐ **iv.** presents a clear risk of harming self or others without community support services;
 - ☐ **v.** manifests great difficulty in caring for self, posing a threat to his or her life or limb, without community support services; (or)
 - ☐ **vi.** would deteriorate clinically to a point of needing immediate medical or psychiatric hospitalization in the absence of prompt community support services;

OR

- ☐ **b.** The client meets the criteria for eligibility if, without current treatment or supportive services, he or she would clearly be exhibiting any of the difficulties as a direct result of his or her Axis I or Axis II diagnosis and he or she would likely have a GAF score of less than 50 without current treatment or supportive services.

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Section IV: Service Information (Current Consumers)

25. Indicate Service(s), Consumer is Currently Receiving	Service Description	Provider Name (Section 17, 65, or Private)	Service Initiation Date (mm/dd/yyyy)
	<input type="radio"/> Medication Management		
	<input type="radio"/> Community Integration		
	<input type="radio"/> Intensive Community Integration		
	<input type="radio"/> Assertive Community Treatment		
	<input type="radio"/> Intensive Case Management		
	<input type="radio"/> Daily Living Supports		
	<input type="radio"/> Skills Development		
	<input type="radio"/> Day Supports		
	<input type="radio"/> Specialized Groups		
	<input type="radio"/> Residential Treatment (PNMI)		
	<input type="radio"/> Community Residential (PNMI)		
	<input type="radio"/> Supported Housing (PNMI)		
	<input type="radio"/> Outpatient Substance Abuse Counseling		
	<input type="radio"/> Outpatient Mental Health Therapy		

26. Date of Annual ISP: __ / __ / ____ (mm/dd/yyyy)

Section V: Service Information (New Consumers)

27. If Consumer New to Services, Indicate CSS and/or Residential (PNMI) Services (check applicable):		<input type="radio"/> CSS	<input type="radio"/> RS (PNMI)
28. If Consumer New to Services, Indicate the Following:	Referred To? (CSS / PNMI Agency Name):		
	Waiting List for Service? (Yes / No):	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	Consumer Notified of Wait? (Yes / No):	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
29. PNMI Date of Application: __ / __ / ____ (mm/dd/yyyy) <input type="radio"/> Not Applicable			
30. PNMI Date of Assignment: __ / __ / ____ (mm/dd/yyyy)			
31. CSS Date of Application: __ / __ / ____ (mm/dd/yyyy) <input type="radio"/> Not Applicable			
32. CSS Date of Assignment: __ / __ / ____ (mm/dd/yyyy)			
33. Location of Consumer at Time of Application: <input type="radio"/> Hospital <input type="radio"/> Community			

Section VI: Change of Status

34. **Please check reasons for change in status:**
- | | |
|--|---|
| <input type="radio"/> Ineligible for Service | <input type="radio"/> Deceased |
| <input type="radio"/> Transferred to another Community Support Service | <input type="radio"/> Consumer satisfactorily met goals |
| <input type="radio"/> Transferred to another PNMI | <input type="radio"/> Agency terminated service |
| <input type="radio"/> Consumer moved out of state | <input type="radio"/> Consumer resigned from services |

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Section VII: Agency Information

35. Agency Offering Enrollment information:	Agency/Contact Name	Adult Mental Health Services Provider Contract ID # (if applicable)			Phone #
	Address	City	State	Country	Zip Code

36. Date Enrollment Form Completed:	<div style="border-bottom: 1px solid black; display: inline-block; width: 100%;"></div> __ / __ / ____ (mm/dd/yyyy)
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Adult Mental Health Services Use Only:	Date Received: __ / __ / ____ (mm/dd/yyyy) Initials: ____ ____, __
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Revision date – July 1, 2005